Significant Legislative Rule Analysis (SA)
Proposed New Chapter 246-827 WAC and Amended WAC 246-826-990
Rules Establishing the Medical Assistant Credential
March 25, 2013

Section 1. What is the scope of the rule?

Engrossed Substitute Senate Bill (ESSB) 6237, enacted in 2012 and codified as chapter 18.360 RCW, establishes the medical assistant profession. The bill directed the Secretary of the Department of Health (secretary) to adopt rules setting the minimum qualifications to obtain a medical assistant credential.

As directed by ESSB 6237, the medical assistant credential will replace the current health care assistant (HCA) credentials under chapter 18.135 RCW and chapter 246-826 WAC. On July 1, 2013, the Department of Health (department) plans to begin transferring the HCA credentials of approximately 17,000 individuals to a new medical assistant credential, and on that date the department will stop issuing new HCA credentials.

The proposed rules create new chapter 246-827 WAC Medical Assistants. This proposal also amends WAC 246-827-990 Health care assistant – Fees and renewal cycle to describe how the department will transfer an active HCA credential on July 1, 2013, to one of three corresponding credentials: medical assistant-certified (MA-C), medical assistant-hemodialysis technician (MA-H), or medical assistant-phlebotomist (MA-P). This transition is required pursuant to RCW 18.360.080. The transition will occur as follows:

Table 1

HCA TO MA TRANSITION	
Current HCA Designation	**MA Credential Transitioned To**
Category C, D, E, or F	MA-Certified
Category A and/or B	MA-Phlebotomist
Category G	MA-Hemodialysis technician
Category C, D, E, or F and A	MA-Certified
Category C, D, E, or F and B	MA-Certified and MA-Phlebotomist
Category A or B and G	MA-Phlebotomist and MA-Hemodialysis technician

The proposed rules establish certification requirements for MA-C, MA-H and MA-P, and registration requirements for the medical assistant-registered (MA-R) category. Medical assistants may only work under the delegation and supervision of one of the following licensed health care practitioners: physicians, osteopaths, naturopaths, optometrists, physician's assistants, osteopathic physician's assistants, advanced registered nurse practitioners, and registered nurses. The proposed rules clarify standards for a health care practitioner to delegate tasks to a medical assistant, and the level of supervision the health care practitioner must provide when delegating tasks.

ESSB 6237 directs the department to set minimum requirements to obtain a medical assistant credential. Because the bill does not prescribe these requirements, the department must adopt rules to establish enforceable standards. The proposed rules specify the minimum qualifications to obtain credential as MA-C, MA-H, or MA-P. The rules also set medication administration and injection limitations for MA-Cs based on risk, class, and route.

The proposal also establishes the minimum requirements for a health care practitioner, clinic, or group practice to endorse an individual as a medical assistant-registered (MA-R). This is a new credential created by ESSB 6237; there is no corresponding health care assistant credential. An MA-R endorsement is not transferable from one practitioner or practice setting to another. The proposed rules describe what an MA-R must do to maintain his or her credential when changing employment from an endorsing provider, clinic or group practice, and starting work with another.

Section 2. What are the general goals and specific objectives of the proposed rule's authorizing statute?

The general goal of RCW 18.360 is to help ensure that the people of this state have sufficient access to safe, effective, efficient and quality healthcare. Adopting rules setting the certification and registration requirements for medical assistants will ensure that these individuals working under the supervision of health care practitioners are properly trained and competent to perform the tasks that they are delegated to perform.

Medical assistants will be subject to the provisions of the Uniform Disciplinary Act (UDA) once the medical assistant law, chapter 18.360 RCW, is effective July 1, 2013.
The statute's objectives the rule implements are to:

- Provide that no person practice as a MA-C, MA-H or MA-P unless they are certified by the Washington State Department of Health (department), and that no person practice as a MA-R unless they are registered by the department.
- Direct the secretary to set the minimum qualifications for certification as a medical assistant-certified, medical assistant-hemodialysis technician and medical assistant-phlebotomist.
- Direct the secretary to issue a medical assistant-registered credential to individuals who hold a current endorsement from a health care practitioner, clinic or group practice.
- Require candidates for the:

- Medical assistant-certified credential to satisfactorily complete one of the training programs and pass an examination approved by the secretary.
- Medical assistant-phlebotomist credential to satisfactorily complete an approved phlebotomy program or a phlebotomy training program.
- Medical assistant-hemodialysis technician credential to meet qualifications equivalent to current qualifications for health care assistant category G.

- Clarify the scope of practice for medical assistants pursuant to RCW 18.360.050, including setting drug administration and injection limitations for MA-Cs based on risk, class, and route.
- Establish procedures for an inactive registration or certification as required by RCW 18.360.070, and for reactivating an inactive medical assistant credential.

Section 3. What is the justification for the proposed rule package?

The proposed rule will achieve the authorizing statute's goals and objectives because it sets minimum standards for the MA-C, MA-H, MA-P and MA-R credentials. The rule also limits which medications MA-C may administer by risk, class, and route.

The department has assessed the requirements of chapter 18.360 RCW, and has determined that there are no feasible alternatives to rulemaking. Rulemaking is required pursuant to RCW 18.360.030, 18.360.050, and 18.360.080. Other provisions of ESSB 6237 and chapter 18.360 RCW provide general standards for medical assistants, but direct the secretary to set specific requirements. Lastly, rules are needed to provide an effective procedure for transferring the current credentials of certified health care assistants to corresponding MA-C, MA-H or MA-P credentials. If these rules are not adopted, the department could not effectively implement the provisions of ESSB 6237.

Section 4. What are the costs and benefits of each rule included in the rules package? What is the total probable cost and total probable benefit of the rule package?

There are a total of 23 rule sections identified in this rule package. While most are by definition considered significant legislative rules under RCW 34.05.328, the following rules in Table 2 are considered non-significant rules and therefore do not require a cost/benefit analysis.

Table 2: Non-Significant Rule Identification

#	WAC Section	Section Title	Section Subject	Reason
1	WAC 246-827-0010	Definitions	Clarifies the terms used in rule	The rule is exempt under RCW 34.05.328(5)(c)(ii) Definitions are interpretive and do not subject any person to a penalty or sanction.

2	WAC 246-827-0130	U.S. armed forces equivalency	Military training equivalency	The rule is exempt under RCW 34.05.328(5)(b)(iii), rules that adopt or incorporate by reference without material change state or federal statutes or rules. The proposed rule adopts language from RCW 18.360.110.
3	WAC 246-827-0230	Medical assistant-certified activities allowed or prohibited	Statement addressing prohibited and allowed activities	The rule is exempt under RCW 34.05.328(5)(b)(iii), rules that adopt or incorporate by reference without material change state or federal statutes or rules. The proposed rule reiterates language used in RCW 18.360.010 and RCW 18.360.050 regarding scope and delegation of tasks to MA's-certified.
4	WAC 246-827-0320	Medical assistant-registered credential termination	States conditions for credential termination for MA-R	The rule is exempt under RCW 34.05.328(5)(c) (i) rules that establish a process requirement for obtaining an agency license or permit.
5	WAC 246-827-0510	Medical assistant-hemodialysis technician application	Application requirements for MA-H	The rule is exempt under RCW 34.05.328(5)(c) (i) rules that establish a process requirement for obtaining an agency license or permit. The proposed rule incorporates standard DOH application requirements for a medical assistant-hemodialysis technician pursuant to authority given to the secretary in RCW 18.360.070. See significant rule analysis G—proposed WAC 246-827-0300 regarding the high school education requirement.

6	WAC 246-827-0620	Inactive status	Identifies how to place a credential into inactive status consistent with chapter 246-12 WAC	The rule is exempt under RCW 34.05.328(5)(c)(i) rules that establish a process requirement for obtaining an agency license or permit.
7	WAC 246-827-0630	Retired volunteer medical worker credential	Identifies procedures for transferring an active credential to a retired volunteer credential as described in chapter 246-12 WAC.	The proposed rule is exempt under RCW 34.05.328(5)(c)(i) , rules that establish a process requirement for obtaining an agency license or permit.

The following rule sections are considered significant legislative rules.

A. WAC 246-827-0100 Applicability.

Rule Overview: This proposed rule states that a person must obtain a medical assistant credential from the secretary to practice as a medical assistant. The rule clarifies when a credential is required to "practice as a medical assistant." The proposed section distinguishes between what constitutes direct patient care requiring a medical assistant credential, and what administrative tasks do not require a medical assistant credential (e.g. accounting, reception, scheduling).

Rule Cost/Benefit Analysis: The medical assistant law does not address which individuals are required to obtain a medical assistant credential. The law simply states that a person must obtain a medical assistant credential from the secretary to practice as a medical assistant. There was confusion and concern in the stakeholder community as to what tasks may be performed without a medical assistant credential. This rule addresses that issue by clarifying that a credential is only required when a person assists a health care practitioner in providing direct patient care.

There are no direct costs of complying with the rule. However, some health care practitioners, clinics or group practices may employ staff who perform mainly administrative tasks that would not require a credential under this proposal, but they may at times perform tasks that would require a medical assistant credential. Under the proposed rule these staff would need to obtain a credential. The employer may need to decide whether to assign such staff only administrative

tasks to avoid the cost of maintaining a medical assistant credential, or to obtain a credential for each staff person that perform medical assisting tasks.

This rule provides a reference for employees, employers and health care service providers to determine whether assistive personnel need to obtain a credential as a medical assistant. The benefit of the rule is that it informs the public and creates a resource for health care practitioners to reference when they are unsure if a medical assistant credential is required.

B. WAC 246-827-0110 Delegation and supervision.

Rule Overview: This rule explains that a medical assistant functions in a dependent role when providing direct patient care under the delegation and supervision of a health care practitioner defined in RCW 18.360.010(3). The rule also defines delegation and directs that a medical assistant may only accept delegated tasks when specific requirements under RCW 18.360.060 are met. Finally, the rule directs that a medical assistant who transitions from a health care assistant may not accept certain delegated tasks until they have received the necessary education and training to safely and competently perform the task.

Although it is already specified in RCW 18.360.060, it is important to reiterate in this rule that the statute requires that medical assistants must be properly delegated and supervised by a licensed health care practitioner when the medical assistant is performing tasks within their scope. The proposed rule also takes in to account that some health care assistants may not have education and training to meet the full scope of a medical assistant credential they are transferring to. For example, a health care assistant category A may not have the training that a category B health care assistant has to perform arterial invasive procedure, but both category A and B health care assistants will transfer to the new medical assistant-phlebotomist credential. Under the proposed rule, such individuals would need to obtain training and demonstrate competency before performing arterial invasive procedures. This will help ensure patient safety.

Rule Cost/Benefit Analysis: There are no compliance costs associated with the rules. The benefit of the rule is that by reiterating the delegation requirements related to medical assistant competency stated in RCW 18.360.060, it clearly describes for medical assistants and health care practitioners the proper conditions that must be met before a medical assistant can accept delegated tasks.

C. WAC 246-827-0120 General standards.

Rule Overview: This rule sets consistent and enforceable minimum standards for all categories of medical assistants. Standards include: the ability to read, write, and converse in the English language; knowledge and understanding of relevant rules, regulations, and laws; understanding of patient rights and responsibilities; respecting the client's right to privacy and applicable laws and regulations. The ability to read, write and converse in English means that the medical assistant is capable of reading (or hearing) and comprehending instructions, written or oral directives of their delegating health care practitioner who may speak or write only in English. The ability to read in English is necessary to comprehend the laws and rules pertaining to medical assisting.

The requirement that a medical assistant demonstrates that he or she is trained and competent to perform tasks that are delegated within the medical assistant scope under RCW 18.360.050 ensures that the medical assistant knows how to perform a delegated task correctly. The rule also indicates that the MA must function within his or her scope of practice and obtain instruction and demonstrate competency before performing new or unfamiliar duties within his or her scope of practice.

The rule is intended to prevent a health care practitioner from delegating – or a medical assistant from accepting – tasks that are outside the medical assistant's scope, training or competency. Some health care practitioners, particularly optometrists and podiatrists, have indicated that they may need to hire additional personnel to perform certain delegated tasks that their assistive personnel perform now without a credential. This potential impact is fully analyzed in the accompanying Small Business Economic Impact Statement, but generally, these practitioners, if they do not elect to perform certain tasks themselves, may need to hire staff with a MA-C, which could result in additional salary costs of approximately $1,000 annually. The department assumes that some unlicensed assistive personnel working under podiatrists and optometrists who will not meet the MA-C requirements will obtain this credential in the future.

Rule Cost/Benefit Analysis: The proposed rule restates requirements for health care assistants currently in chapter 246-826 WAC. There are no compliance costs associated with the rule. The proposed rule will represent no change for health care assistants whose credentials are transferred to a medical assistant credential.

D. WAC 246-827-0200 Medical assistant-certified training and examination.

Rule Overview: This proposed rule sets training and examination requirements for the MA-C credential. The proposed rule does not apply to health care assistants category C, D, E or whose credentials are transferred to a MA-C. Applicants must meet one of the following four education and training options:

- Post-secondary school or college program accredited by the Accrediting Bureau of Health Education Schools or the Commission of Accreditation of Allied Health Education Programs;
- Post-secondary school or college program accredited by a regional or national accrediting organization approved through the U.S. Department of Education, which includes a minimum of seven hundred twenty clock hours of training in medical assisting skills, including a clinical externship of no less than 160 hours;
- A registered apprenticeship program administered by a department of the state of Washington unless the secretary determines that the apprenticeship program training or experience is not substantially equivalent to the standards of this state; or
- The secretary may approve an applicant who submits documentation that he or she completed post-secondary education with a minimum of seven hundred twenty clock hours of training in medical assisting skills. The documentation must include proof of

training in all of the duties identified in RCW 19.360.050(1) and a clinical externship of no less than 160 hours.

Applicants must also pass one of the following four examination options completed within three years prior to submission of an initial application:

- Certified medical assistant examination through the American Association of Medical Assistants;
- Registered medical assistant certification examination through the American Medical Technologists;
- Clinical medical assistant certification examination through the National Healthcare Association; or
- Medical assistant certification examination through the National Center for Competency Testing.

Rule Cost/Benefit Analysis: RCW 18.360.040 requires applicants for the MA-C credential to complete a medical assistant training program and pass an examination. The proposed rules provide multiple education and training options for candidates to satisfy the requirements to qualify for the MA-C credential, thereby reducing barriers to licensure. The department was directed by RCW 18.360.040 to set minimum standards for obtaining a MA-C credential. The rule allows for candidates to complete an accredited medical assistant education program, or obtain post-secondary training with equivalent clock hours and a clinical externship, or complete a registered apprenticeship program administered by a department of the state of Washington. The cost of obtaining required education and training range from more than $15,000 for an Accrediting Bureau of Health Education Schools (ABHES) or Commission on Accreditation of Allied Health Professionals (CAAHEP) accredited diploma in medical assisting to under $7,000[1] for an accredited certificate in medical assisting.

The rule also allows for four examination options. The department chose these national examination administration organizations to provide several routes for meeting the minimum examination requirements. Two of the examination options require prior completion of an accredited medical assisting training program. The other two examinations accept either completion of an accredited medical assisted training program, or other comparable training program, or completion of a minimum number of years of on-the-job medical assistant training and practice. The examination costs range from $90.00 to $250.00[2] per test.

The benefit of the rule is that it requires MA-C to be properly trained and able to demonstrate their comprehension of medical assisting concepts through passage of an examination. It is in the

[1] Department staff contacted nine Washington state schools who offer accredited medical assisting programs to determine these costs. The programs offered a medical assistant certificate, diploma or associate of arts degree.
[2] Data retrieved from:
http://www.aama-ntl.org/becomeCMA/faqs_certification.aspx#cost

http://americanmedtech.org/Portals/0/PDF/Applications/RMA%20App%202013.pdf
https://www.ncctinc.com/Certifications/
http://www.nhanow.com/medical-admin-assistant.aspx

interest of patient safety to require training and passage of an exam before a MA-C performs direct patient care tasks such as medication administration, injections blood withdrawal, respiratory testing, etc.

E. WAC 246-827-0220 Medical assistant-certified application; interim certification.

Rule Overview: The proposed rule sets application and interim certification requirements for MA-C. The secretary shall issue an interim certification to any person who has met all of the qualifications except for the passage of the examination. A person holding an interim permit possesses the full scope of practice of a medical assistant-certified. The interim permit expires upon passage of the examination or after one year, whichever occurs first, and may not be renewed. The application requirements are exempt from significant rule requirements since these are process requirements for obtaining a credential. The interim certification conditions adopt requirements in RCW 18.360.040(1)(b) without material change, and are also exempt from significant rule requirements. However, part of this section that requires a person who has an interim certification to notify their employer any time they fail any of the examinations listed in WAC 246-827-200(2) is a significant legislative rule.

Rule Cost/Benefit Analysis: This proposed rule restates the requirements of RCW 18.360.070(1)(b). There is a nominal cost for the employee to "notify their employer" of a failed examination. The benefit of the rule is that MA-C interim permit holder must notify their employer if they fail a certification exam, so the employer knows which tasks the employee can safely complete (i.e., not perform tasks that require an MA-C).

F. WAC 246-827-0240 Medical assistant-certified administering medications and injections.

Rule Overview: This proposed rule sets standards and requirements that an MA-C must satisfy before administering medications or injections. The MA-C must be deemed competent, pursuant to a valid order, and within the scope of the delegating health care practitioner's scope of practice. The rule specifies that the order must be in written form or contained in the patient's electronic health care record. The rule also states under which circumstances drug administration may or may not be delegated, and the level of supervision required by a supervising health care practitioner.

This proposed rule prohibits a MA-C from administering schedule II controlled substances, chemotherapy agents, or experimental drugs regardless of route or level of supervision. This rule also prohibits a MA-C from starting an intravenous line but allows an MA-C to interrupt an intravenous line, administer an injection, and restart at the same rate.

Rule Cost/Benefit Analysis: RCW 18.360.050(1)(f)(ii) states that the secretary may, by rule, limit the drugs that MA-C may administer based on risk, class, or route. The department used research from the Institute for Safe Medication Practice's (ISMP) High Alert Medication List to develop this proposed rule, as well as input from stakeholders during rule development.

The High Alert Medication List contains drugs that bear a heightened risk of causing significant patient harm when they are used in error. The ISMP compiles the list based on error reports

submitted to the ISMP National Medication Errors Reporting Program and survey data and input from practitioner and safety experts.

WAC 246-826-200 currently authorizes health care assistants to inject a number of drugs in a hospital or nursing home setting that are on the ISMP's High Alert Medication List. This rule was written in 1987. The first High Alert Medication List was published in 2003. This list was referenced and the department considered stakeholder concern to identify specific drugs that MA-C should not administer regardless of supervision or route. These include schedule II controlled substances, chemotherapy agents, and experimental drugs. RCW 18.360.060(1)(v) states that prior to delegation of any of the functions in RCW 18.360.050, a health care practitioner shall determine to the best of his or her ability that the task, if performed improperly, would not present life-threatening consequences or the danger of immediate and serious harm to the patient. Improper administration of chemotherapy agents or certain experimental drugs could result in serious patient harm.

The department did not propose a specific list of the acceptable drugs MA-C may administer in rule comparable to health care assistant WAC 246-826-200 and RCW 18.135.130. Adopting a list of acceptable drugs would have been problematic as it would have to be updated regularly as new drugs are introduced.

The rule states that MA-C may administer controlled substances in schedules III, IV, and V or other legend drugs when authorized by a delegating health care practitioner. The rule restricts the administration of drugs based on category, routes permitted and level of supervision required.

The cost of complying with the rule would be to health care practitioners who delegate to health care assistants categories C, D, E or F administration drugs specified under RCW 18.135.130 that would not be permitted under proposed WAC 246-827-0240. However, RCW 18.135.130 expires July 1, 2013. So, without the proposed rule health care assistants C, D, E, or F would be unable to determine which drugs they may administer based on chapter 18.360 RCW alone.

This rule helps promote patient safety and protect the public by prohibiting MA-C from administering certain drugs and restricting administration of certain drugs based on category, route and level of required supervision in accordance with the training they receive and competencies they demonstrate prior to obtaining an MA-C credential.

G: WAC 246-827-0300 Medical assistant-registered application.

Rules Overview: The proposed rule describes application procedures for obtaining an endorsement as an MA-R. Requirements include a completed application, proof of completion of high school education or its equivalent, an endorsement signed by a health care practitioner, fingerprint based background check if required, proof of completing seven clock hours of AIDS education, and the required fee.

Rule Cost/Benefit Analysis: This proposed rule requires that applicants provide proof of completion of high school education or its equivalent, which is consistent with the existing HCA rules. There are no compliance costs for this rule. The benefit of the rule is that is requires that

MA-Rs will have obtained and can demonstrate basic learning techniques and skills before providing care to the public. The other application requirements are exempt under RCW 34.05.328(5)(c)(i).

H: WAC 246-827-0310 Medical assistant-registered endorsement

Rules Overview: The proposed rule restates the endorsement requirements for an MA-R required in RCW 18.360.040(4). It also adds that an MA-R must submit a new attestation of endorsement to the department within thirty days if the medical tasks listed on their current attestation change.

Rule Cost/Benefit Analysis: Currently, the department requires HCAs to submit any changes to their medical administration list to the department within thirty days. There are no compliance costs for this rule. The benefit of the rule is that the department will be aware of any changes in allowed duties to the MA-R's within thirty days, which is consistent with current policies and procedures for HCAs.

I: WAC 246-827-0330 Medical assistant-registered collection of specimens.

Rule Overview: This proposed rule allows MA-R to perform a finger or heel stick for purposes of obtaining blood specimens.

Rule Cost/Benefit Analysis: RCW 18.360.050(4) lists the authorized duties for MA-R. There are no compliance costs associated with the rule. The rule allows MA-R to perform a finger or heel stick solely for the purposes obtaining specimens. This clarification was added to allow an MA-R to obtaining a drop of blood for certain tests without having to obtain both a MA-phlebotomist and MA-R credential. Performing finger or heal sticks is a low-risk procedure. The fee for MA-P credential is $115 for a two-year credential. Allowing MA-R to perform finger and heal sticks will save some individuals $115 every two years, due to not having to also obtain an MA-P credential. The benefit of the rule is that it establishes clear guidelines on which tasks MA-Rs are allowed to perform.

J: WAC 246-827-0400 Medical assistant-phlebotomist certification and training.

Rule Overview: This rule sets training requirements for the MA-P credential. Requirements include completion of an approved phlebotomy program though an accredited post-secondary school or college or successful completion of a phlebotomy training program. The length of the certificate phlebotomy programs administered by an accredited postsecondary school or college range from one to three quarters and cost from $1,000 to over $4,000[3]. The rule also details what standards the phlebotomy training program must meet. Under ESSB 6237, health care assistants categories A and B will transition to the new MA-P credential.

[3] Department staff contacted six Washington state schools who offer accredited phlebotomy certificate programs to determine these costs.

Rule Cost/Benefit Analysis: This rule requires MA-P applicants complete a formal didactic and clinical based phlebotomy program or a program administered by a facility or group practice before performing phlebotomy procedures on patients. This proposed rule is comparable to language from WAC 246-826-130 and 246-826-140. These current WACs detail the minimum requirements for health care assistant categories A and B, which will transition to the MA-P credential under RCW 18.360.080. The proposed rule provides a seamless transition for category A and B health care assistants to the MA-P credential. Prospective MA-P applicants would have additional options for meeting the training and clinical experience requirements. The benefit of the rule is that it requires individuals to be properly trained before performing blood drawing procedures.

K: WAC 246-827-0410 Medical assistant-phlebotomist application

Rule Overview: The proposed rule states the application requirements for a MA-P credential. These requirements include: a completed application, proof of completion of high school education or its equivalent, proof of successful completion of a phlebotomy program administered by an accredited postsecondary school or college or a phlebotomy training program as attested by the training program's supervising health care practitioner, fingerprint cards if required, proof of completion of seven clock hours of AIDS education, and the required fee.

Rule Cost/Benefit Analysis: It is necessary that individuals performing phlebotomy procedures on patients are properly trained and qualified. The high school education requirement is necessary to ensure that applicants have demonstrated basic learning techniques and skills before providing care to the public. The proposed rule establishes training standards for MA-P. An MA-P may either demonstrate completion of a phlebotomist education program or completion of program that includes specific training components identified in the proposed rule and approved by a health care practitioner. The training programs are administered by the employer and bear no cost to the MA-P. The education programs, as mentioned in section K, range from $1,000 to $4,000. The benefit of the rule is that it requires people who perform minor invasive procedures for blood withdrawal on patients are properly trained as a MA-P. The other application requirements are exempt under RCW 34.05.328(5)(c)(i).

L: WAC 246-827-0420 Medical assistant-phlebotomist supervision; requirements for performing arterial invasive procedures and line draws.

Rule Overview: This rule states that the delegating health care practitioner does not need to be present for MA-P to withdraw blood, but must be immediately available in person or by phone. The rule also prohibits MA-P from performing arterial invasive procedures for blood withdrawal or line draws until specific education and training is completed and documented. Once education and training requirements are met, the rule allows arterial invasive procedures for blood withdrawal if performed under the immediate supervision of a health care practitioner, and allows line draws if the IV is stopped and restarted by a health care practitioner under the immediate supervision of a supervising health care practitioner.

Rule Cost/Benefit Analysis: This rule incorporates language from WAC 246-826-210(2) regarding the ability for a health care assistant category B to do a line draw. Pursuant to RCW

18.360.080(3), all health care assistant categories A and B will transition to MA-P. Certain health care assistants category A may not have training and experience with performing arterial invasive procedures and line draws, as may some new MA-P. The proposed rule requires additional education and training to perform arterial invasive procedures or line draws be documented by the delegating health care practitioner. These rules align with current requirements for HCA category B certification described in WAC 246-826-140. Individual who meet the requirements for HCA category B are properly trained and currently allowed to perform arterial invasive procedures for blood withdrawal. The benefit of the rule is that it requires MA-Ps to be properly trained and able to demonstrate their competency before performing arterial invasive procedures for blood withdrawal or line draws, ensuring patient safety.

M: WAC 246-827-0500 Medical assistant-hemodialysis technician qualifications and training.

Rule Overview: This rule sets qualification and training requirements for MA-H. These requirements are equivalent to the qualification for hemodialysis technicians regulated pursuant to chapter 18.135 RCW, as required by RCW 18.360.030(1).

Rule Cost/Benefit Analysis: This rule uses language from WAC 246-826-301, WAC 246-826-302, and WAC 246-826-303 in conformance with RCW 18.360.030(1). There are no new compliance costs for this rule. The benefit of this rule is that it sets equivalent standards to those that currently exist in law and conforms to the new medical assistant law.

N: WAC 246-827-0520 Conditions for performing hemodialysis.

Rule Overview: This rule states that a medical assistant-hemodialysis technician may perform additional tasks in WAC 246-827-0520 once the MA-H has completed training in a federally approved end stage renal disease facility. These tasks include: venipuncture for blood withdrawal and placement of fistula needles, administration of oxygen by cannula or mask, connection to vascular catheter for hemodialysis, intravenous administration of heparin and sodium chloride solutions, intradermal, subcutaneous or topical administration of local anesthetics in conjunction with placement of fistula needles, and intraperitoneal administration of sterile electrolyte solutions and heparin for peritoneal dialysis. The rule also specifies that the supervision requirements would vary depending on whether the dialysis is provided in a renal dialysis center or in a patient's home.

Rule Cost/Benefit Analysis: This rule incorporates language from 18.135.060(2), making qualifications and training for MA-H consistent with the current health care assistant category G qualifications and training, as required by RCW 18.360.030(1). RCW 18.135.060 is set to expire July 1, 2016. It is necessary to adopt this language into the MA-H rules so that the training requirements and additional allowed tasks will be maintained after the current law expires. The benefit of the rule is that it retains enforceable qualifications and training standards for personnel that perform the tasks described in WAC 246-827-0520. There are no new costs associated with this rule because it reflects current practice and requirements of the HCA rules and laws.

O: WAC 246-827-0600 Credential renewal.

Rule Overview: This rule directs that all categories of medical assistant credentials must be renewed every two years on the medical assistant's birthday as provided in WAC 246-12-030.

Rule Cost/Benefit Analysis: Currently, health care assistants must renew their credentials two years after their most recent certification. The proposed rule is in line with WAC 246-12-030, requiring the medical assistant to renew their credential every two years on their birthday. This is the standard for the majority other health care credentials issued by the department. The benefit of the rule is that medical assistant credentials will conform to WAC 246-12-030 and the other credentials issued by the department.

P: WAC 246-827-0610 Expired credential; return to active status.

Rule Overview: This rule sets the conditions for how a person holding an expired medical assistant credential can return that credential to active status. The rule states that if the medical assistant credential has expired for three years or less, the practitioner must meet the requirements of chapter 246-12 WAC, Part 2. The rule also states that if a credential is expired for more than three years, they may either meet out of state endorsement requirements or meet specific conditions that differ with each medical assistant credential category:

- MA-C must successfully pass an exam as identified in WAC 246-827-0200 within six months prior to reapplying for the credential.
- MA-P must complete the training requirements of WAC 246-827-0400 within six months prior to reapplying for the credential.
- MA-H must complete the training requirements of WAC 246-827-0500 within six months prior to reapplying for the credential.

Rule Cost/Benefit Analysis: This proposed rule sets reinstatement requirements for medical assistant credentials. The department must ensure that credential holders who have been out of practice demonstrate their competency before their credential is reissued. This rule requires that medical assistants either have an active credential from another state or U.S. territory, or that they complete examination or retraining to demonstrate competency. If they have not been practicing in another state or U.S. territory, the MA-C must retake an exam, and the MA-P and MA-H must complete training requirements within six months prior to reapplying for the credential. The costs associated with retaking a medical assistant exam are $90 to $250 as shown in section D. There are several MA-H and MA-P training options available, from no-cost for training provided by an employer, to $1,000 to $4,000 to complete an approved or accredited education program. The benefit of the rule is that it requires health care professionals to demonstrate their competency, if they have been out of practice for three or more years, before they perform patient care tasks.

Rule Package Cost/Benefit Summary

Engrossed Substitute Senate Bill 6237 created the medical assistant credential. That bill has been codified as Chapter 18.360 RCW and is effective July 1, 2013. The law requires that the

department write rules to implement this new chapter, including the qualifications to obtain a medical assistant credential. In certain cases, chapter 18.360 requires that medical assistant rules be consistent with laws or rules for the health care assistants. In some instances, the law directs the department to set reasonable limitations on tasks that medical assistants may perform under the direction and supervision of a health care practitioner. The law also directs the department to transfer those certified as health care assistants to corresponding new medical assistant credentials.

Proposed new chapter 246-827 WAC sets enforceable minimum standards to qualify for and obtain a medical assistant credential as required by law. The rules establish conditions for delegating and supervising tasks to medical assistants by licensed health care practitioners in a manner that ensures that the task is appropriate for delegation, that the medical assistant is trained and competent to perform the task, and that the task may be performed in a manner that protects patient health and safety.

Proposed amendments to WAC 246-826-990 provide for the effective transition of health care assistant credentials to the corresponding medical assistant credential on July 1, 2013. ESSB 6237 directed the department to effect this transition, and to stop issuing new health care assistant credentials as of July 1, 2013.

Collectively, these rules establish requirements and the corresponding costs to individuals that elect to obtain one of the medical assistant licenses (as analyzed in the preceding sections). The overall benefit, however, of establishing a program where personnel are required to demonstrate their skills and training to perform designated tasks, in a safe and effective manner, outweigh these costs. Therefore the total probable benefits of these rules outweigh the total probable costs.

Section 5. What alternative versions of the rule did the department consider? Is the proposed rule the least burdensome approach?

The department held four stakeholder workshops during in fall 2012 on implementation of ESSB 6237. The department received substantial comment on what the scope, qualifications, education, training, supervision and delegation of medical assistants should be. The department also did regional and national research on education and training programs for MA-C, MA-H and MA-P, and compared scopes of practice and credentialing requirements for medical assistants in other states. Two drafts of the medical assistant rules were circulated, in October and December 2012. These two drafts represent the alternative versions of the rule considered.

Descriptions of alternatives considered—least burdensome determination

The following changes identified in I-VIII reflect the department's efforts to respond to stakeholder feedback and propose the least burdensome version of the medical assistant rules.

I. Definitions section

Drafts one and two contained definitions of terms not contained in the current draft of the rules.

This version of the rules does not contain a definition of "health care facility" because it is defined in law and the term is not used in the proposed rule. The proposed rules do not contain a definition of "immediately available" because the term is used only once and is defined in context. This version of the proposed rule is least burdensome for readers because it only defines necessary terms.

II. Credential required

This section clarifies when a medical assistant credential is necessary. The first draft stated that "practice as a medical assistant" means the person assists a health care practitioner by providing direct patient care. "Direct patient care" is then defined. The second draft shortened this section by defining "practice as a medical assistant" and adding direct patient care into that definition.

The proposed rule is defines "practice as a medical assistant" and then explains that an individual is not practicing as a medical assistant if they are only performing certain tasks. Certain clerical and administrative tasks are then listed. This version is least burdensome because it most effectively addresses stakeholder concern by clarifying when a credential is needed and when it is not.

III. Delegation and supervision of medical assistants

The first draft of the rule defined delegation, but did not set general supervision requirements for medical assistants.

The proposed rule—which is equivalent to the second draft language—is least burdensome because it clearly defines delegation, sets general supervision requirements for medical assistants, and cites relevant RCWs.

IV. General standards

Drafts one and two include the requirement that "the medical assistant is responsible for maintaining current knowledge in his or her area of practice."

The proposed rule is least burdensome because, after reviewing stakeholder feedback and consultation between department staff, it was determined that this requirement is subjective and would be difficult to measure and enforce.

V. Medical assistant-certified

Drafts one and two set training requirements that did not specifically include a registered apprenticeship as a training option. Also, these drafts include some drugs listed on the ISMP's high alert medication lists as allowable under direct visual supervision.

The proposed rule specifically names a registered apprenticeship administered by a department of the state of Washington as a training option for MA-C. This version is least burdensome because it allows the applicant an additional route to certification other than successful completion of medical assistant education program.

The proposed rules specifically prohibit the administration of schedule II controlled substances, chemotherapy agents, or experimental drugs due to considerable stakeholder concern and referencing the ISMP's high alert medication list. This version then uses a table to illustrate acceptable drug administration by an MA-C based on drug category, routes permitted, and level of supervision required. These proposed rules are least burdensome because they clearly direct which drugs an MA-C may not administer, then separate acceptable administration based on the requirements of RCW 18.360.050(1)(f)(ii).

VI. Medical assistant registered

Draft one of the medical assistant rules did not include performing a finger or heel stick for purposes of obtaining specimens.

The proposed rules include performing finger and heel sticks as allowed for MA-R so that personnel who perform simple sticks for obtaining capillary blood specimens may do so without meeting the training and/or education requirements of an MA-P or an MA-C. This version is least burdensome because it removes barriers for individuals whose duties include performing finger or heal sticks in rural and underserved populations for the purposes of obtaining specimens.

VII. Medical assistant-phlebotomist

Draft one of the medical assistant rules set requirements for applicants to successfully complete 1) an accredited phlebotomy program or 2) a phlebotomy training program. This draft does not state who the accrediting body is or how the training program will gain approval.

The proposed version requires applicants to successfully complete 1) an approved program through an accredited post-secondary school or college or 2) successful completion of a phlebotomy training program. The version is least burdensome because it adds that programs that meet the requirements set in the rule are considered approved programs. This removes the burden of requiring institutions to submit their programs to the secretary for approval.

VIII. Hemodialysis technician

Draft one neglected to include language from chapter 18.135 RCW that will expire in July of 2016 when the health care assistant credential sunsets.

The proposed version includes functions not included in the first that an MA-H may perform when properly trained. This version is least burdensome because these allowed tasks will be preserved through the medical assistant rules and will not be lost when the health care assistant credential law sunsets in 2016.

Section 6. Does the rule require anyone to take an action that violates another federal or state law?

The rule does not require those to whom it applies to take an action that violates requirements of federal or state law.

Section 7. Does the rule impose more stringent performance requirements on private entities than on public entities, unless the difference is required in federal or state law?

The department determined that the rule does not impose more stringent performance requirements on private entities than on public entities. The applicant for the medical assistant credential is responsible for all cost associated with the credential.

Section 8. Does the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, is the difference justified by an explicit state statute or by substantial evidence that the difference is necessary?

The rule does not differ from any applicable federal regulation or statute.

Section 9. Is the rule coordinated, to the maximum extent possible, with other federal, state, and local laws applicable to the same activity or subject matter?

Yes, the rule is coordinated to the maximum extent practicable with other applicable laws, including current health care assistant administrative code (Chapter 246 WAC) and law (Chapter 18.135 RCW) and the medical assistant law (Chapter 18.360 RCW) effective July 1, 2013.